

FLOOD: YES OR NO
ZONE: _____ **BY:** _____



1-B East Jefferson Street/ Post Office Box1799, Quincy, FL 32353
Phone# 850-875-8665 Fax: 850-875-7280

PLUMBING PERMIT APPLICATION

Property Owners Name _____
Address _____ **City** _____ **St** _____ **Zip** _____
Home Ph _____ **Mobile** _____ **Fax** _____

Job site Address _____ **City** _____ **FL Zip** _____
Property Parcel (Job Site Number) _____

Contractor _____ **License No.** _____
Email Address _____
Address _____ **City** _____ **St:** _____ **Zip** _____
Phone _____ **Mobil** _____ **Fax** _____

Valuation of the job (Estimate) _____

FOR ALL JOBS THAT ARE \$2,500 OR MORE IN VALUE:
A NOTICE OF COMMENCEMENT IS REQUIRED

CHECK ALL THAT APPLY
() COMMERCIAL () RESIDENTIAL

<u>PLUMBING FEES</u>	
<input type="checkbox"/> Residential New/Addition/Renovation	\$107.00 (per Dwelling Unit)
<input type="checkbox"/> Commercial/Industrial New/Add./Renov. (1 st Group)	\$143.00
<input type="checkbox"/> Any additional group, thereafter each	\$72.00
<input type="checkbox"/> Repair/Replacement	\$72.00
<input type="checkbox"/> Sewer Installation/Backflow	\$72.00
<input type="checkbox"/> Special Installations: Sprinkler, Carwash	\$72.00
<input type="checkbox"/> Re-Inspection	\$36.00
<input type="checkbox"/> Motels, hotels or multifamily units multiply each unit by	\$107.00
Other Please explain _____	

I hereby attest that all the information given is true and agree to do the installation according to the **2017 Florida Building Code.**

(Please see reverse side to sign)

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies. By signing this permit you are stating you are aware of these additional restrictions/permits.

Signature of Contractor

Date